

P10000086151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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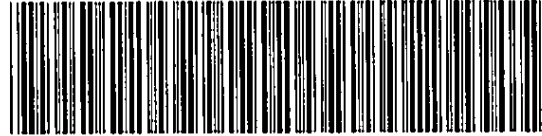
(Business Entity Name)

(Document Number)

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FILED

2018 SEP 20 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN

SEP 21 2018

PATRICK J. GOGGINS, Esq.
319 Tyler Street, #1
Hollywood, FL 33019
pgoggins@gmail.com
(305) 607-7888



September 15, 2018

Amendment Section
Division of
Corporations
Post Office Box 6327
Tallahassee, FL 32314

SUBJECT: DOCTORS ALLIANCE GROUP CORP

DOCUMENT NUMBER: P10000086151

Dear Sir or Madam:

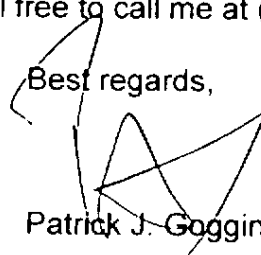
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

In addition, please note that, just this week, I discovered the 2018 Annual Report for this entity, filed on May 1, 2018, lists me as the "MNGR," and purports to contain my electronic signature. Please be advised that this was filed by somebody else – not me, without my knowledge, authority, or consent. I am not, nor have I ever been, the manager, or for that matter, an officer or director, for this entity. Please remove this designation immediately.

Enclosed is a check made payable to the Florida Department of State for \$87.50 for filing of the resignation of registered agent.

Please return all correspondence concerning this matter at the above address. For further information concerning this matter, please feel free to call me at (305) 607-7888.

Best regards,


Patrick J. Goggins

CR2E046 (04/12)

*Called
Patrick Goggins on
09/21/18 and he will be
submitting an off/Dir. Resign.
with filing fee of \$35.00.
resign as MNGR.
Darlene
Connell
9/21/18*

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned,

Patrick J. Goggins, Esq.

(Name of Registered Agent)

hereby resigns as Registered Agent for

P10000086151

(Document Number, if known)

DOCTORS ALLIANCE GROUP CORP

(Name of Corporation)

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TALLAHASSEE, FL

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily
dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:

**Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**